



PATENT

2133
41

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In Re Application)

No. 09/675,704)

SINDHUSHAYANA et al.)

Examiner: E. T. ABRAHAM)

Filed: September 29, 2000)

For: METHOD AND APPARATUS
FOR REDUCING POWER
CONSUMPTION OF A
DECODER IN A
COMMUNICATION SYSTEM

) Group No. 2133

RESPONSE TO OFFICE ACTION

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Technology Center 260L

Mail Stop Amendment
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Dear Commissioner:

In response to the Office Action mailed April 30, 2004, please amend the above-identified application as indicated below.

CERTIFICATE OF MAILING/TRANSMISSION (37 CFR 1.8(a))

I hereby certify that this correspondence is, on the date shown below, being:

MAILING

- ☒ deposited with the United States Postal Service with sufficient postage as first class mail, in an envelope addressed to the Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

FACSIMILE

- ☐ transmitted by facsimile to the Patent and Trademark Office.

Depositor's Name: Carola Emelius-Swartz
(type or print name)Depositor's Name: _____
(type or print name)Date: 7/28/2004

Date: _____

Signature: 

Signature: _____

AMENDMENT TRANSMITTAL FORM

Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Customer No.: 23696
Attorney Docket No.: 000419
In Re Application of: SINDHUSHAYANA et al.
Serial Number: 09/675,704
Filed: 9/29/2000
Examiner: E.T. ABRAHAM
Group Art Unit: 2133

Dear Sir:

Transmitted herewith for filing is a Response to Office Action in the above identified application.

In addition, the following documents are enclosed:

1. ☐ A Petition for Extension of Time: () month(s) is hereby requested.
2. ☐ Information Disclosure Statement (IDS):
 - a. ☐ PTO-1449
 - b. ☐ Copies of IDS Citations (number of citations:)
3. ☐ Change of Attorney's Address in Application.
4. ☐ Other:

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CLAIMS	(a) Number Remaining After Amendment	(b) Highest Number Previously Paid For	(c) Extra Claims	Large Entity Fee	Fee Paid
Total*	39	39	0	x \$18 =	\$0.00
Independent**	3	3	0	x \$86 =	\$0.00
Multiple Dependent Claim(s): <input type="checkbox"/> Yes <input type="checkbox"/> No				\$290	\$0.00
EXTENSION FEES			<input type="checkbox"/> One Month	\$110	\$0.00
			<input type="checkbox"/> Two Months	\$420	\$0.00
			<input type="checkbox"/> Three Months	\$950	\$0.00
INFORMATION DISCLOSURE STATEMENT			<input type="checkbox"/> After First Office Action	\$180	\$0.00
			<input type="checkbox"/> After Final Office Action	\$130	\$0.00
TERMINAL DISCLAIMER				\$110	\$0.00
				TOTAL FEE	\$0.00

*If the number in column a is less than 20, enter 0 in column c.

**If the number in column a is less than 3, enter 0 in column c.

5. ☐ Fee check in the amount of \$_____ is enclosed to pay for any claim and/or extension fees.
6. ☒ Please charge Deposit Account No. 17-0026 of QUALCOMM Incorporated the amount of \$0.00.
The Commissioner is hereby authorized to charge payment of any additional fees which may be required, or credit any overpayment to said Deposit Account No. 17-0026. A duplicate of this sheet is enclosed for fee processing.
7. ☒ The Commissioner is further hereby authorized to charge to said Deposit Account No. 17-0026, pursuant to 37 CFR 1.25(b), any fee whatsoever which may become properly due or payable, as set forth in 37 CFR 1.16 to 37 CFR 1.18 inclusive, for the entire pendency of this application without specific additional authorization.

Date: 7/28/2004

Signature:

Sandra L. Godsey
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